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TWENTY-FIRST

ANNUAL REPORT

OF THE

Medical Officer of Health

FOR THE YEAR 1919.

MEDICAL NEED - THI GOUNCIL LIGHT RY.

to. 13049





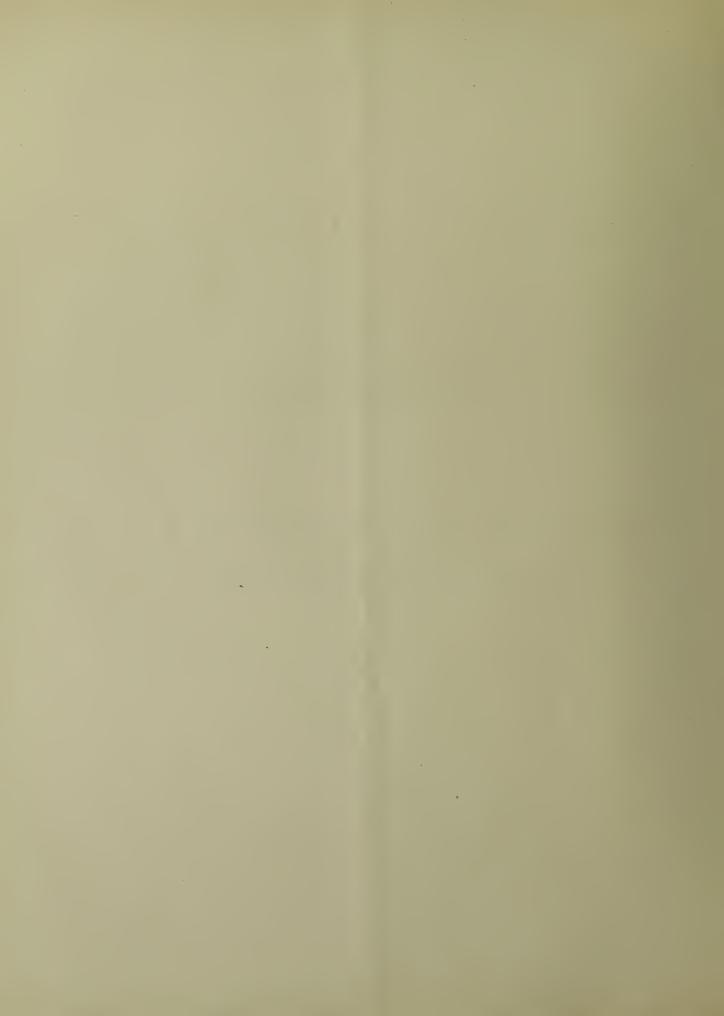
GUERNSEY:

"GUERNSEY STAR" AND "GAZETTE" COMPANY, LTD., BORDAGE STREET.

1920.



RAPPORT DE L'OFFICIER DE LA SANTÉ PUBLIQUE, 1919.



RAPPORT DE L'OFFICIER DE LA SANTÉ PUBLIQUE.

Lettre de Monsieur le Président du Comité.

States Office, Guernsey, 9th August, 1920.

SIR.

I have the honour to present the annual report of the Medical Officer of Health for the year 1919, with the request that it may be printed as an Appendix to the "Billet d'État," and that a number of copies (say 100) be struck off for distribution in the usual way.

I have the honour to be, Your obedient Servant,

G. H. LE MOTTEE,
President,
States Committee for Sanitation.

E. C. Ozanne, Esq., Bailiff, and President of the States of Guernsey.



TWENTY-FIRST ANNUAL REPORT FOR THE YEAR 1919.

POPULATION.

The population, estimated to the middle of the year 1919, was 39,600. Not only had large numbers of demobilized men returned to their homes in Guernsey, but others crippled by wounds, lung and other diseases, who had been advised to settle here for health reasons, came over in considerable numbers during the year. English people also began to arrive for permanent residence, and as summer visitors. Lack of houses alone prevented a larger invasion than there was.

The Census, which takes place in April, 1921, should, under existing conditions, have taken place earlier, as it is very difficult to forecast accurately what the result of it will be in any district, after the past five years of the great war.

Table I.

0,	,	Rate.	2.5	3.1	4.7	13.1	3.1	1.8	4.8	3.0	4.5	5.6		13.8	14.3
NG T	AT ALL AGES.		1	_				_	_	_	_				
BELONGI NSEY.	ATA	Number.	521	549	734	552	550	498	609	536	554	603		570	569
NETT DEATHS BELONGING TO GUERNSEY.	AR OF AGE.	Rate per 1,000 Births	9.601	107.0	208.0	102.7	113.8	95.0	144.0	6.88	82.0	73.8		112.0	9.86
NETT	UNDER 1 YEAR OF AGE,	Number.	111	107	197	101	101	81	113	62	52	49		979	64
TRANSFERABLE DEATHS.	Of residents	tered in the District.													
TRANSF DEA'	Of non- residents	Registered in the District.												,	6
TOTAL DEATHS REGISTERED IN GUERNSEY.		Rate.													14.6
TOTAL DEATHS REGISTERED IN GUERNSEY.		Number.											on the case of the		5.78
	TT	Rate.	24.3	23.7	22.6	23.5	21.2	50.6	19.1	17.0	17.2	17.2		20.1	16.6
BIRTHS.	NETT	Number	1.013	986	946	983	887	880	784	869	694	664		853	659
	Uncor-	rectea Number													661
Retimated		of each year.	41 524	41,670	41.854	41.854	41.854	42,000	41,000	41,000	39,000	38,500		41,025	39,600
i	YEAR.		1909	1910	1911	1919	1913	1914	1915	1916	1017	1918	Averages	for ten years, 1909-1918.	1919.

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Table II.

ENGLISH AND GUERNSEY STATISTICS.

		Birth Rate per 1,000.	e	Civilian Death Rat per 1,000		Deaths under 1 year per 1,000.
England and Wales	•••••	18.5	•••••	· . —		89.0
96 great Towns, including London	don	19.1		13.9	•••••	93.0
148 smaller Towns		18.4		12.7		90.0
London		18.6		13.6		85.0
Guernsey (total population) *		16.6		14:3*		98.0

BIRTHS.

The births numbered 659 (349 male and 310 female), being five less than the previous year, and lowest yet recorded. The rate was 16.6, as compared with the average of the previous ten years, 20.7, and with the year 1909, 24.3. There were 35 still births, and 41 illegitimate births registered, the latter being a rate of 6.2 per 1,000. Since the Early Notification of Births Act has been in force, the rate of these births has been higher than it was before, the fact being that in former days such births were often registered as legitimate ones.

Under the new Ordinance relating to marriages, many of these unfortunate children will, it is to be hoped, escape the stigma which attaches to illegitimate birth, the visitation of the failings of the parents upon the innocent children.

The number of births tended to increase as the year went on. During the first quarter there were only 119, but in the following quarters 163, 179 and 198 were respectively registered.

DEATHS.

There were 569 deaths registered during the year, the rate being 14.3. The average for the previous ten years was 13.8, and had it not been for the recurrence of Influenza in the earlier months of the year, which caused 40 deaths, approximately 1 per 1,000 of the population, the death rate would probably have been no higher than the preceding ten years' average, if not a little below it.

In the first four months there were 276, and in the last four months, 138 deaths, or exactly one half the number of the former period.

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PERCENTAGE OF DEATHS AT DIFFERENT AGE PERIODS. 1900-1919.

Voor	Under 1 year.	Yrs.	Yrs.	Yrs.	Under	Yrs.	Over
1900-1904							
1905-1909	$\dots 22.3 \dots$	8.0	3 [.] 0	$4.6 \dots$	38·0	28.0 .	33.0
1910-1914	20.2	7.2	3.3	3.8	34.5	. 27.8.	37.7
1915-1918	12.9	5.0	3·6	. 4.8	26.3	32.7 .	41.0
1918	8.1	6.0	5·3	. 10.0	29·4	38.1 .	3 2 ·5
1919	11.2	5.4	3.8	. 5.4	25.8	. 34.8.	39.4
Deaths in	n public inst	itutions	were as fo	llows :—			
Town	n Hospital.	•••••	•••••	•••••	•• ••••	41	
Tow	n Asylum .	• • • • • • • •			•• ••••	6	
Cast	el Hospital.		•••••	•••••	•• •••••	34	
Cast	el Asylum .	····· ·	•••••		••	0	
King	g Edward Sa	natorum	· · · · · · · · · · · · · · · · · · ·		••	6	
Victo	oria Hospita	l	•••••	•••••		10	

The more important causes of death compare with those of previous years as follows:—

rage 1906	3-1919.	1919.
5.6		1
6.7		8
15.5		4
4.2		0
73.7	•••••	89
40.6		51
9.5		13
22.4		24
24.0		21
65.4	***************************************	61
30.6		34
13.0		19
37.6		36
14.0	$(1918-93) \dots$	40
	5·6 6·7 15·5 4·2 73·7 40·6 9·5 22·4 24·0 65·4 30·6 13·0 37·6	6·7 15·5 4·2 73·7 40·6 9·5 22·4 24·0 65·4 30·6 13·0 37·6

In England and Wales the diseases which cause the highest death rate are as follows:—

1. Tuberculosis.

In Guernsey:—1. Heart Disease.

2. Heart Disease.

2. Tuberculosis.

3. Nervous Diseases.

3. Cancer.

4. Bronchitis.

4. Apoplexy.

T. Dionomic

5. Bronchitis.

5. Cancer.

6. Pneumonia.

6. Pneumonia. XV.—1920.

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After the next Census, I imagine a corrected death rate, i.e., one calculated with corrections for the proportions of the population at various age periods, compared with that of England and Wales, will be necessary, and the correction factor will, I think, make the death rate a lower one than the crude death rate, which does not take these facts into consideration. Hitherto, the presence of the military garrison, mostly adult males in the prime of life, and picked lives, has balanced the abnormally high number of old people in the Island, so that there was but little difference between the two rates.

INFANTILE MORTALITY.

Of the 659 births, 64 died before the age of one year was reached, a rate of 98 per 1,000 compared with 73.8 of 1918, and 112 for the preceding ten years. Of these 31 or no less than 48 per cent. occurred within the first month.

The rate registered locally is higher than the general English rates quoted in the table. This surely is not as it should be. Valuable as has been the work of the Infant Health Associations in the past, the time has now come when this voluntary work, which up to the present has been the only educative influence at work in our midst, should be supplemented by Health Visitors employed by the States.

The rise during the last few months of the year in the birth rate, and housing difficulties, are arguments for the employment of these specially trained women, who would visit mothers in their own homes, give advice, and keep a watchful eye upon young children.

It might be difficult to prevent overlapping with the work of existing Nursing Associations, but presently a modus vivandi might be arranged. Once the principle is established, the details of such a scheme could be afterwards worked out. The Ministry of Health have been very active in England during the year in measures which tend to conserve infant life, the health of mothers and expectant mothers.

The local Authorities have been urged to undertake the duties of providing milk for all necessitous mothers, expectant mothers and babies, either at reduced cost or free; the training and provision of midwives, the founding of nursing clinics and nursery schools for children under school age, and the provision of Maternity Hospitals.

As a rule, the cost of 75% of these measures is met by a grant from the Imperial Exchequer, the remaining 25% being raised by the Local Authorities.

The question of a Maternity Hospital for Guernsey has, on several occasions, been raised during the year, but no scheme has yet been evolved. In the better-off XV.—1920.

classes it is becoming more and more the custom for confinements to take place in Nursing Homes, or hospitals, but how much greater is the need for similar accommodation for the poor mother, who so often has to face her trial under the most unsatisfactory conditions, and without things essential for her comfort and well being.

The suggested Health Visitors and our present needs would be two, would also take up Ante Natal Work amongst women. Unfortunately this is now almost entirely neglected, but the importance of it is very great.

How crying is the need for such work can best be shown by the facts that in 1919 there were 35 still-born children, 25 of which were males, and 31 children were born with such feeble vitality that they did not survive the first month of life.

Surely these figures are sinister enough to cause the suggested action to be taken.

Table III.

CAUSES OF DEATH OF CHILDREN UNDER 1 YEAR OF AGE.

${f Under}$	Between weeks	Tl. under	— Months	s. —	
1 week. 1	. & 2 2 & 3 3 & -	4 1 m'th.	1-3 3-6 6	9 9-12	Total.
Influenza			2 ·	1	3
Enteritis	2	2	1		3
Whooping Cough		–	1 •	1	2
Asthenia 1		1	1 1		3
Congenital mal- formation 3	2	5	1 1		7
Convulsions 3	1 1	5	1 ·		6
Debility at Birth 4		4	·		4
Marasınus			2 3	1	6
Premature Birth10	· 2	12	. 2		14
Icterus Neonatorum 1		1			1
Pneumonia –			1	1	2
Broncho Pneumonia			2 1	1 1	5
Bronchitis	1	1	. - 1 ·	1	3
Tuberculosis general			. – –	1	1
Tubercular Menin-					
gitis –					3
Meningitis			. – –	1	1
Totals22	4 0 5	31	10 11 5	3 9	64
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Table IV. "SHORT TABLE"—CAUSES OF DEATHS.

NO UNCERTIFIED DEATHS.

Enteric Fever 1	Other diseases of Respiratory
Measles 1	Organs 8
Whooping Cough 8	Diarrhœa and Enteritis 8
Diphtheria and Croup 0	Appendicitis and Typhlitis 1
Influenza 40	Cirrhosis of Liver 1
Phthisis 36	Alcoholism 1
Tubercular Meningitis 5	Nephritis 18
Other Tubercular diseases 8	Puerpureal Fever 2
Cancer (malignant disease) 5!	Other accidents and diseases of
Meningitis 11	Pregnancy and Parturition 1
Organic Heart Disease 61	Violent deaths, excluding Suicide. 8
Bronchitis 21	Suicide 4
Pneumonia (all forms)	Other defined diseases237
	569

Table V.

Table V.	
RETURN OF BIRTHS AND DEATHS REGISTERED DURING THE YEAR 1919. BIRTHS.	
PARISH LETTER: A B C D E F G H I K Males 134 55 46 31 8 19 3 6 35 12 34 Females 127 49 30 22 12 13 3 5 29 20 31 Totals 261 104 76 53 20 32 6 11 64 32 65	9
STILL BIRTHS (MALE 25; FEMALE 10). 12 7 4 2 0 4 0 1 4 1 3	5
ILLEGITIMATE BIRTHS. 17 6 5 4 0 3 1 0 4 1 4	1
General Diseases. DEATHS.	
Diabetes 1 3 1 1 - - 1 - - 1 - - - 1 -<	7 1 3 2 1 2 1 2 1
Enteric — — — — — — — — — — — — — — — — — —	0 4 1 1 8
Congenital Malformation . 3 1 2 2 Convulsions 1 2 1 1	3 8 7 4

Marasınus	3		_	• • •	2		1	•••	_		1		_		_	• • •	_		2		9
Premature Birth	2		3		_		2	• • •	3		_		2		_		1		1		14
Icterus Neonatorum																					1
Alimentary.																					
Appendicitis	_		_														1				1
Strangulated Hernia				•••																	1
Colitis																					1
Gastric Ulcer				•••																	1
				•••																	
Abscess of Liver				•••																	1
Gastritis				•••																	4
Intestinal Obstruction	-	•••	-	•••	-	•••	-	•••	-	•••	-	•••	-	•••	-	•••	1	•••	-	•••	1
Circulatory.																					
Heart Disease	21	• • •	9	1	1		5		-		3		1		_		6		5		61
Atheroma	2		1		2				_	• • •	1		_		_		1		_		7
Apoplexy	15		5		4		4		1		_		_		_		3		2		34
Angina Pectorus																					2
Gangrene				•••																	2
Pericarditis				•••																	1
Thrombosis				••																	1
Embolism																					1
		•••		•••		•••		•••		•••		•••		•••		•••		•••	_	•••	-
Urinary.																					
Nephritis																					18
Cystitis	2	• • •	1	•••	-		-		-	•••	_		-	•••	-	•••	-	• • •	_		3
Respiratory.																					
Pneumonia	14		2		2		2		_		1		1				2		_		24
Broncho-Pneumonia																					13
Pleurisy				•••																	3
Bronchitis				•••																	21
Asthma																					5
	_	•••	_	•••		•••	_	•••		•••		•••		•••		•••		•••		•••	
Intemperance.																	1				
Cirrhosis of Liver				••																	1
Alcoholism	I	•••	_	•••	-	•••	-	•••	-	•••	-	•••	-	• • •	-	•••	_	•••	_	•••	1
Infective.																					
Syphtitis	1	•••	-	•••	-		-		-	• • •	-	•••	-	• • •	-		-		_	•••	1
Tuberculosis (general)																					10
Tuberculosis of Kidney	_	• • • •	-		1		-		-	·	-		_		-		-		-		1
Tubercular Meningitis																					5
Tabes Mesenterica																					1
Phthisis																					30
Tubercular Peritonitis																					2

Tumour.	
Malignant 29 1 9 1 1 1 5 4	51
Violence.	
Fall 3 1 1	5
Suicide 2 1 1	4
Run over 1	1
Burns 1	1
Drowning 1	1
Septic.	
Septicæmia 1 1 1 1 1	4
Parturition.	
Septicæmia 1 1	2
Eclampsia 1	1
Nervous.	
Tabes Dorsalis 1	1
Epilepsy 3 1 2	6
Melancholia	1
Dementia 6	6
General Paralysis of Insane 1 – – – 1 – – – –	2
Meningitis	11
Paralysis 1 2	3
Spastic Paralysis 1	1
Disseminated Sclerosis 1	1
Old Age.	
Senile Decay 4712 7 6 2 3 6 1 3 2	89
Totals	569

Table VI.

CAUSE OF, AND AGES AT DEATH, OF THE DEATHS REGISTERED DURING THE YEAR 1919.

CAUSE OF DEATH.	Under				ISLAN		Over	
General Diseases.	1 yr.	1-2	3-5.	6-15.	16-25.	26 to 65.	65.	Total.
				1	7	9	0	17
Diabetes								
Pernicious Anæmia								
Ricketts							<u> </u>	
Graves' Disease								
Rheumatoid Arthritis							1	
Lymphadenoma								
Luchæmia								_
Exfoliative dermatitis								1
Epidemic.					•			•
Influenza	. 3	3	3	. 1 .	4	26	<u> </u>	40
Enteritis						—		
Enteric								
Measles								1
Whooping Cough	2	3	2	1.	—	—	—	8
Infancy.								
Asthenia	. 3	<i>—</i>	 .		—	—	<u> </u>	3
Congenital Malformation.						—		
Convulsions						—		
Debility at Birth	4	—	—	<u> </u>	—	—	—	4
Marasmus						—		
Premature Birth								
Icterus Neonatorum	. 1	—	—	. — .	—	—	—	' 1
A limentary.								
Appendicitis								
Strangulated Hernia								
Colitis							—	1
Gastric Ulcer							—	
Abscess of Liver								1
Gastritis						1	1	4
Intestinal Obstruction	. —		—	. — .	—	1		1
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Circulatory.																
Heart Disease															61	
Atheroma	_	• • •	_	• • •			_	• • •	_		1	• • •	6	• • •	7	
Apoplexy	-		—		_	• • •		• • •	—	•••	11	• • •	23	•••	34	
Angina Pectoris	_	•••	_				_	• • •		• • •	1	• • •	1	•••	2	
Gangrene	_	• • •	_		_		_	•••	_		1	• • •	1	• • •	2	
Pericarditis	_	•••	_	•••	_	•••	_		_	•••	1	•••	_		1	
Thrombosis	_	,	_	•••	_		_				1		_		1	
Embolism	_		_	•••	_	•••	_		_		1		_	•••	1	
Urinary.								•								
Nephritis	_						1		1		6	•••	10		18	
Cystitis																
Respiratory.																
Pneumonia	2		1		_		1		3		12		5		94	
Broncho Pneumonia													1			
Pleurisy															3	
Bronchitis																
Asthma																
	_	•••	_	•••		•••		•••	_	•••	J	•••	4	•••	J	
Intemperance.											,					
Cirrhosis of Liver																
Alcoholism	_	•••	—	• • •	_	•••	_	•••	_	•••	1	•••	—	• • •	1	
Infective.																
Syphilis															1	
Tuberculosis (general)	1	• • •	1			• • •	2		—	• • •	5		1	•••	10	
Tuberculosis of Kidney					_						1				1	1
Tubercular Meningitis	3				1		_		_		1				5	ŧ
Tubercular Peritonitis	_				_		2	• • •	—		_		—	•••	2	¥
Tabes Mesenterica			1		_								_		1	a
Phthisis	_		_		—	• • •	4		15		11		_		30	2
Tumour.																
Malignant	_		_		_				_		30		21		51	
Violence.																
Fall			_		_		_		_		3		2		5	
Suicide															4	
Run over															3	
Burns															1	
Drowning											1				1	
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Septic.
Septicæmia — — — — — 3 1 4
Parturition.
Septicæmia 2 – 2 – 2
Eclampsia — — — 1 — 1
Nervous.
Tabes Dorsalis — — — — 1 — 1
Epilepsy 2 3 6
Melancholia
Dementia — — — 4 2 6
General Paralysis of Insane 2 2
Meningitis 1 2 1 4 — 3 — 11
Paralysis 2 2 3
Spastic Paralysis
Disseminated Sclerosis — — — — 1 — 1
Old Age.
Senile Decay — — — — — 1 88 89
Totals

MARRIAGES.

There were 351 marriages in 1919, equal to a rate of 17.7 per I,000 of population.

This, as was the case in England and Wales, is considerably above the average, indeed I should imagine it is the highest number ever recorded in Guernsey. 62 took place at the Greffe Office, 215 in Church of England, 33 in Roman Catholic, and 41 in Nonconformist Churches. In England the report of the Royal Commission upon Divorce Law Reform has given rise to a widely expressed desire that the reforms advocated in that report should become effective, and that increased facilities for divorce should be granted by an alteration of the existing law. There is also a strong public feeling that the suggested reforms do not go as far as they should. In Guernsey there are no means of obtaining a divorce upon any grounds. As far as I can recollect I have never heard this matter even referred to during the last twenty years, so it is possible that marriages in Guernsey are unusually happy ones.

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INFECTIOUS DISEASES.

During the year, thirty-eight cases of infectious diseases were notified. Of these two were isolated at home, one of which died. The remainder, with 31 cases of Influenza, were isolated at the Sanatorium, namely, Phthisis 15, Diphtheria 8, Tonsillitis (admitted as doubtful) 4, Rubeola 3, Scarlet Fever 4, Enteric 2. There were six deaths at the Sanatorium, one from Phthisis, four from Influenza, and one from Cancer of the Bowel, admitted as a doubtful case of Enteric.

INFLUENZA,

A recrudescence of the very severe epidemic of the autumn of 1918 occurred in February, March and April, but fortunately not of such a formidable nature. It was not deemed necessary to take the drastic steps such as the closure of schools and public entertainments which were taken in 1918. Certainly attacks of the disease during the previous nine months seemed to confer a degree of immunity against recurrence in 1919. A distinct interval of freedom from cases occurred in January and the early part of February, so that the epidemic must again have started through imported cases.

The age incidence was somewhat different to that of 1918, as older people were attacked, 26 of the 40 deaths being those of persons between the ages of 25 and 65. Allowing for the increased age of people attacked, the type of disease was not so severe.

The upper and more sparsely populated parishes suffered much less than the other parts of the Island. There were no deaths in St. Saviour's, Torteval, and the Forest, but three in St. Pierre-du-Bois.

Of the thirty-one cases admitted to the Sanatorium, four, who were admitted in a moribund condition because there was no one to nurse them at home, died. The remaining 27 recovered. They were treated chiefly on the verandahs of the wards, and with a very liberal supply of fresh air in spite of the cold weather.

The first case was admitted February 19th and the last April 8th.

None of the nursing staff contracted Influenza.

DIPHTHERIA.

There were eight cases of Diphtheria with no deaths. Seven were from St. Peter-Port and one from St. Andrew's. Four were adult women and were notified during a period of three weeks at the end of April; no connection between these cases could be traced, although there probably was some factor common to them all. No further cases occurred until the end of November. Four cases were admitted as doubtful, but were subsequently found to be suffering from Topsillitis.

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In recent years there has been a great decline in the incidence of Diphtheria in Guernsey, which was formerly heavy. During the years 1899-1903 there was an average of 110 cases, but in the years 1915-1919 the average was 13. Of late years Diphtheria has been greatly on the increase in some countries, notably in the United States of America. In the Wellington district of New Zealand, with a population of under 200,000, Diphtheria is said to be the most prevalent disease next to Influenza; in the two last years there were 2,919 and 2,541 cases of it.

SCARLET FEVER.

There were only four cases notified, three in St. Peter-Port and one in St. Martin's. Three cases of Rubeola were admitted as doubtful ones.

ENTERIC FEVER.

Three cases occurred, and all contracted their illness in France. One died at home. An elderly woman, a visitor, was removed to the Sanatorium as a suspicious case, but died from Cancer of the bowel.

MEASLES.

A few days before the closure of the school for the Christmas holidays, an explosive outbreak of Measles occurred at Burnt Lane Schools. Evidently the first case had been overlooked, as nearly the whole of one of the infant classes developed Measles in the course of two or three days. The consideration of this outbreak must be deferred until the annual report for 1920.

TUBERCULOSIS.

The deaths from all forms of Tuberculosis numbered 49, of which 30 were due to Pulmonary Tuberculosis. Of the deaths registered as General Tuberculosis, six also suffered from Phthisis, so that the total number of deaths from that cause was 36. The rates per 1,000 are respectively 1.23 and 0.9. The number of deaths from all forms was the same as in 1918 and 1.6 below the average of the past thirteen years.

Fortunately, therefore, we have not experienced the increase in the death rate which has occurred in most places since the commencement of the war. It is difficult to get people to realise that they are suffering from phthis is in the early and curable stage; indeed, it seems a special difficulty here. Any loss of flesh and appetite coupled with an increasing feeling of weakness should be in itself sufficient to suspect early phthis as the cause, even if no cough be present. Usually by the time the sufferer seeks medical aid for the "bit of a cough" that troubles him, he is in an advanced stage of the disease, and when he will go to the length of suggesting that his lungs may be "touched" he is in a hopeless condition.

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In this stage he unfortunately thinks that a short period in a Sanatorium will quickly make him strong and well again, and it is the distressing duty of the Board to have to refuse to admit such patients to the Sanatorium.

A Sanatorium should be reserved for early and curable cases only. When this stage has been passed, accommodation should be provided in a separate institution, the tuberculosis hospital. Our Sanatorium was built for the isolation of cases of notifiable infectious diseases and not for phthisis. It has only about two-thirds of the accommodation that it should have for the population of Guernsey, but fortunately of late years there have been empty beds in it for long periods.

The way to utilize these beds to the best advantage would be to drop the word "Consumption" and to realize that any person who has made a poor recovery from an illness, or is in bad health is threatened with consumption if he is unable to secure for himself in his home, rest, good food, and sanitary surroundings.

The two latter are the great factors which both prevent and vanquish the invasion of tuberculosis. If such cases were freely admitted, a short stay would be of the greatest benefit: many cases would be prevented from developing the disease, and many early cases would be arrested.

Patients would more readily enter the institution upon this understanding, and many more patients could be treated in a given time.

In the early part of the year, the Board was approached by the Ministry of Pensions with a view to treating at the Sauatorium, all cases of tuberculosis occurring amongst pensioned soldiers and sailors who required institutional treatment, the Ministry bearing the expenses. Every effort has been made and will be made in the future to do this.

Ten of them were admitted, the average duration of their stay being 79 days. One died, four were discharged, two able to resume ordinary work and two considerably improved, and five were still patients at the end of the year.

Of the five civilian patients one was discharged, unimproved, and has since died, three greatly improved returned to work, the fifth, a boy with tuberculosis of the hip, cured. The Red Cross Society offered the Board some assistance towards securing permanent accommodation for patients suffering from tuberculosis, particularly pensioners, but the Board could not see their way to accept the offer, as they did not consider such an extension of their work necessary, and had not sufficient land for the purpose.

Toward the end of the year, however, some land bordering the grounds of XV.—1920,

the Sanatorium unexpectedly came into the market, and the States, acting upon the advice of the Board, decided to purchase it.

In 1913 the same proposal of the Board was not entertained by the States but there were certain difficulties in the way of purchase at that time.

HOUSING ACCOMMODATION.

In Guernsey, as in England, this question is one of paramount importance. During the war but few new houses have been built and those not suitable for occupation by the working classes; houses have been allowed to fall into disrepair and others have become unfit for habitation, because the owners had not the means to keep them in repair.

To-day it is universally recognised that we cannot go back to the conditions which prevailed before the war, we must go forward.

It is useless to advocate the prevention of disease and the rearing of future citizens, vigorous both in mind and body, if they are compelled to pass their lives in surroundings which make such conditions almost impossible.

The first few years of life are those in which the foundations of health and character are laid, and these depend upon the nature of the homes in which children are reared.

We are told that the chief cause of the unrest and discontent with which the country is now seething is the want of decent houses for the people, and no one can say that such discontent is without foundation.

We are now suffering for our almost criminal folly in neglecting to build these houses in the past when they could have been built at one-third of the present cost, but it is vain to bewail that, we must pay for our neglect and build them now.

The return of demobilized men, the high marriage rates during the war and also in 1919, and the recent increase in the birth rate tends to accentuate the existing difficulties.

In England various Housing and Town Planning Acts have been passed, but 1919 has been a year of great activity in this respect.

Local Authorities have under these Statutes been compelled without delay to report upon the number of houses in their areas which are unfit for habitation, the number that could be made habitable by adequate repairs, and the number of new houses required.

The majority of new houses must have at least three bedrooms, only a small number must contain less, and the provision of a parlour and bath room is strongly advocated.

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In towns not more than twelve, and in country districts not more than eight, houses can be built upon an acre of land. Compulsory powers for the purchase of land at reasonable rates are given to Local Authorities.

Realising that under present conditions it does not pay to build workmen's dwellings, and that an economic rent for them cannot be secured, the Government has upon this basis offered immediate financial assistance and a settlemen of capital liabilities with local authorities at a future date.

To stimulate private enterprise the Government has further offered a subsidy up to £160 per house, according to the size of it, to persons erecting approved houses, not exceeding a certain rental. The duty of providing the number of houses necessary in any area rests, however, with the Local Authority.

These schemes seem fairly satisfactory in theory, but in practice many formidable difficulties have arisen and progress has been slow.

It was almost a year after the Armistice, on November 6th, 1919, that the first two Municipal houses were completed, and these were erected in Wolverhampton at a cost of about £800 each.

In Guernsey, the Housing Committee at the end of the year issued their report, in which they recommended that the States should grant loans at $2\frac{1}{2}$ per cent. per annum to workers and persons willing to build suitable houses for working men at an approved rental; grant powers for the effective repair of occupied and unoccupied existing houses; amend the building regulations to facilitate the work of both new constructions as well as that of repair and alteration.

These recommendations were accepted, but the following unfortunately were not:

That the States should undertake the construction of at least a dozen model houses with two living rooms, scullery, three bedrooms and a bath-room, the site for each cottage to be not less than 10 perches of land; provide an adequate water supply and public wash-houses, to be erected in thickly populated districts, and enlarge the powers of the Sanitary Committee to deal with overcrowding.

The second suggestion was probably deferred until the result of the negotiations between the States and the Water Company was made known, but it seems difficult to account for the rejection of the last one, as the powers of the Sanitary Committee are already so limited, and such a power seems imperative that it should possess if it is to efficiently safeguard the health of the inhabitants of Guernsey.

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The need for new houses in Guernsey is acute, and it is the duty of the States to provide them with the least delay possible.

It cannot be said that in the past the workers have done all that they might have done to urge forward this matter in which they are so vitally concerned, but with the coming extension of the franchise they will be in a better position to do so.

PRIMARY AND INTERMEDIATE SCHOOLS.

One hundred and thirty-two visits to the schools were paid during the year. No schools were closed for infectious diseases with the exception of Burnt Lane, which was closed three days before the commencement of the Christmas holidays, on account of the outbreak of measles.

In England medical inspection of primary school children has been in force since 1908, and the Education Act of 1918 has extended this inspection to scholars of schools of all grades, up to the age of 18 years.

In spite of this inspection of the primary schools, the Ministry of Health makes, in August 1919, the following startling statements: "Of the six million children attending school in England and Wales upwards of 10 per cent, of the whole are on account of uncleanliness, 10 per cent, on account of malnourishment, half a million or $8\frac{1}{2}$ per cent, so defective in eyesight, and not less than a million children of school age so physically or mentally defective or diseased as to be unable to derive reasonable benefit from the ordinary form of education which the States provides." Truly the results of medical inspection appear up to now to have been disappointing, and chiefly because in the majority of districts no arrangements for efficient treatment have been made.

In Guernsey we have comparatively little inspection of school children, but treatment for those found to be suffering from defects is provided for when necessary, through the funds of the Royal Court, and much has been done in the past few years. Fortunately our children of the primary schools are not in so defective a condition as those of England and Wales, but nevertheless systematic medical inspection and the provision of school nurses are required. No doubt these things will come in time, and the sooner the better. The recent alteration in the Education Law should have paved the way for this measure.

SANITARY INSPECTION AND DISINFECTION.

During the year 326 houses were inspected, and as a result 21 showing defects of drainage were satisfactorily attended to. Other defects were also remedied when necessary, with the co-operation of the Constables of the Parishes concerned.

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DISINFECTION.—62 houses and 1,994 articles of clothing and bedding were disinfected. No claims for any damage to goods were received.

ANALYSIS OF FOODS.—31 samples of milk and 3 of butter were analysed during the year. Of the former three were found to be unsatisfactory, and one prosecution ensued in which the vendor was convicted.

Thalassol.—7,160 gallons of this disinfectant were supplied free during the year. It is much appreciated by all classes, and the bulk of it finds its way into the poorer houses, greatly to the advantage of the dwellers in them.

From time to time for many years past the Board have written to the Parochial Authorities of the Vale and St. Martin's parishes, urging them to adopt a system of drainage for the more crowded parts of these parishes. Towards the end of the year, proposals to deal with these matters in both parishes were brought before the States.

The Vale scheme was adopted as the plans and proposals were practically ready. The St. Martin's scheme was deferred, the States being of opinion that it was desirable that a system of drainage should be made applicable to all the parishes of the Island, and the Royal Court was requested to prepare a Law to give effect to this resolution.

WATER SUPPLY.

After many years the negotiations between the States and the Guernsey Water Company are apparently reaching a settlement.

In spite of many difficulties the Company have in the past provided a supply of water of excellent quality, but unfortunately there has not been enough of it.

The public will I am sure demand in the future, whether an extended concession be granted the Company, or the States become the owners of the undertaking, a supply adequate for all the requirements of the community. Not only has great inconvenience been caused in the past, but the public health has suffered by reason of the often very restricted amount of water available during years of deficient rainfall.

VENEREAL DISEASES.

In my last two reports I have urged that free treatment should be provided for all persons suffering from veneral diseases as is now the case in England, and that other measures should be taken to combat these terrible scourges which have greatly increased as a result of the war. The extent of the evil is not generally known, and I think it ought to be. These diseases are to a great XV.—1920.

extent preventible, and I cannot think that it is justifiable to withhold from the civil population,—the Army and Navy have had the facts put plainly before them,—the knowledge of how to prevent them.

The innocent, even children, suffer from the results of them, the birth rate suffers to an alarming extent, sterility, blindness from birth, a considerable proportion of insanity, and probably at least one-tenth of the total number of deaths are due to their malignant influences which may cripple or kill at any period from youth to advanced age.

Fortunately, I believe their incidence in Guernsey is relatively light, but it must be on the increase here as in other places.

The treatment of these diseases has greatly improved of late years, and they can be cured by prolonged and skilful treatment.

Not only should treatment be considered, but more important than that, prevention must be the great aim in view; indeed medicine and its practitioners are but little worth if treatment of existing disease be their only function.

I must acknowledge that the subject is a difficult one, and strong views for and against the opinions I have given are commonly held, so that whilst I greatly regret that the Board of Health have decided that no action in these matters is required locally, I believe that their decision represents public opinion in Guernsey.

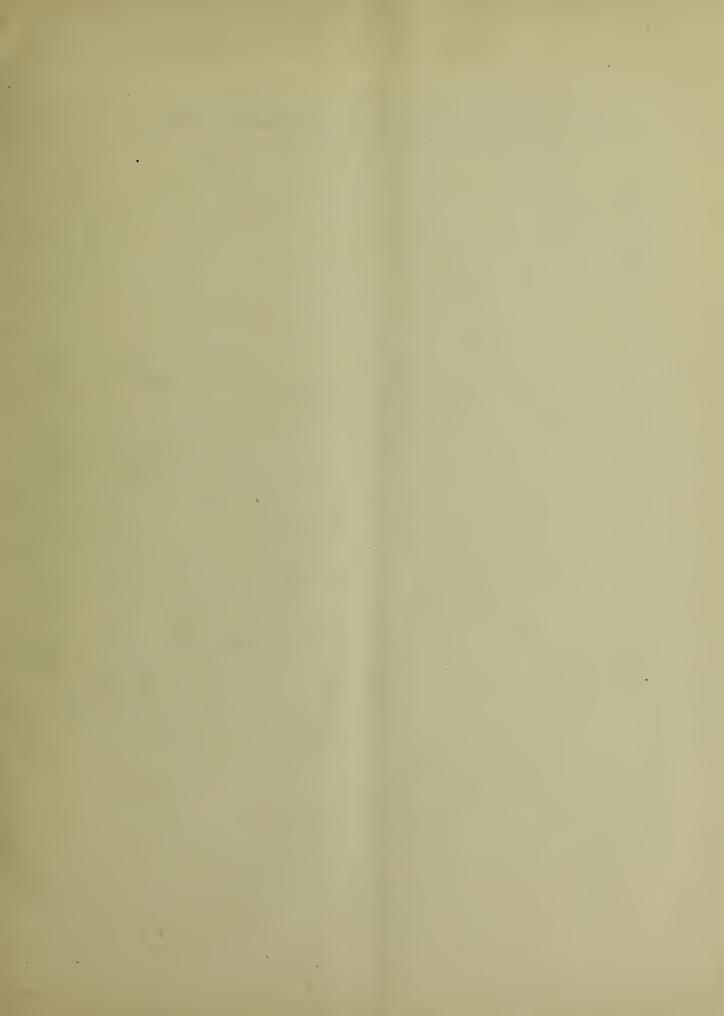
I sincerely hope, however, that public opinion will in the near future change, and enable the opinions I now advocate to be made effective.

From time to time I have pointed out how limited are the responsibilities of the Board of Health in Guernsey as compared with those of a similar authority in England.

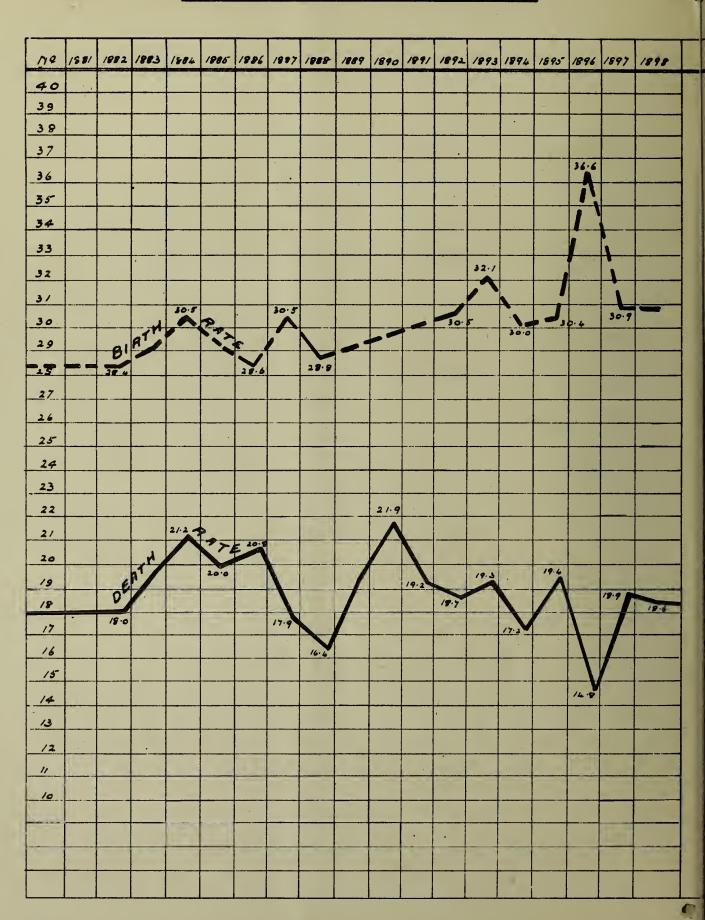
No doubt the Board would prefer to have a larger share of responsibility, and so would its Medical Officer of Health.

There are many critics who blame the Board of Health for the existing state of things, but when the Board have on many occasions sought increased powers, the States have not granted them, and it is evident that the majority of people prefer things to remain as they are. The critics therefore must endeavour to so influence public opinion that the majority will be in favour of a more active policy as regards the public health. Until they are able to do this, progress in this direction must of necessity be slow.

HY. DRAPER BISHOP, M.O.H.

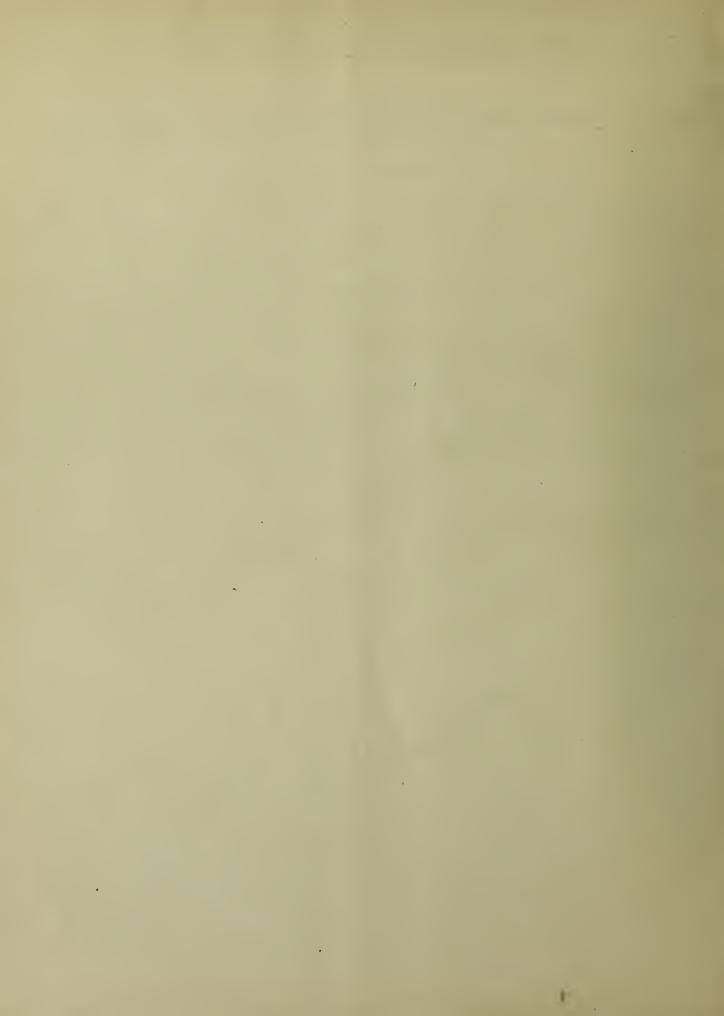


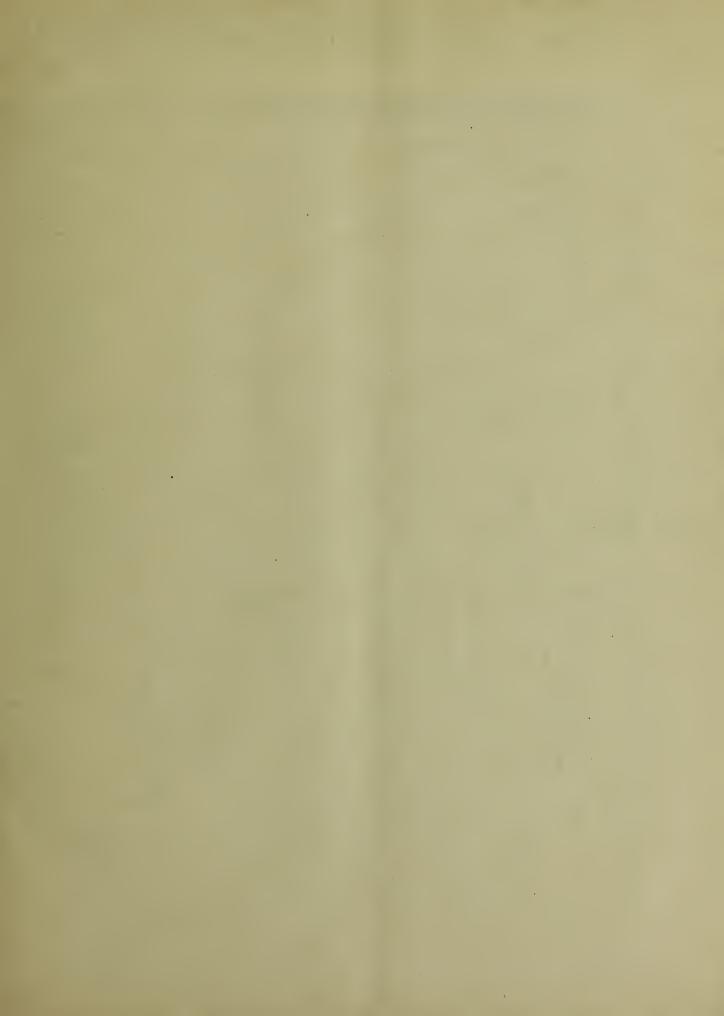
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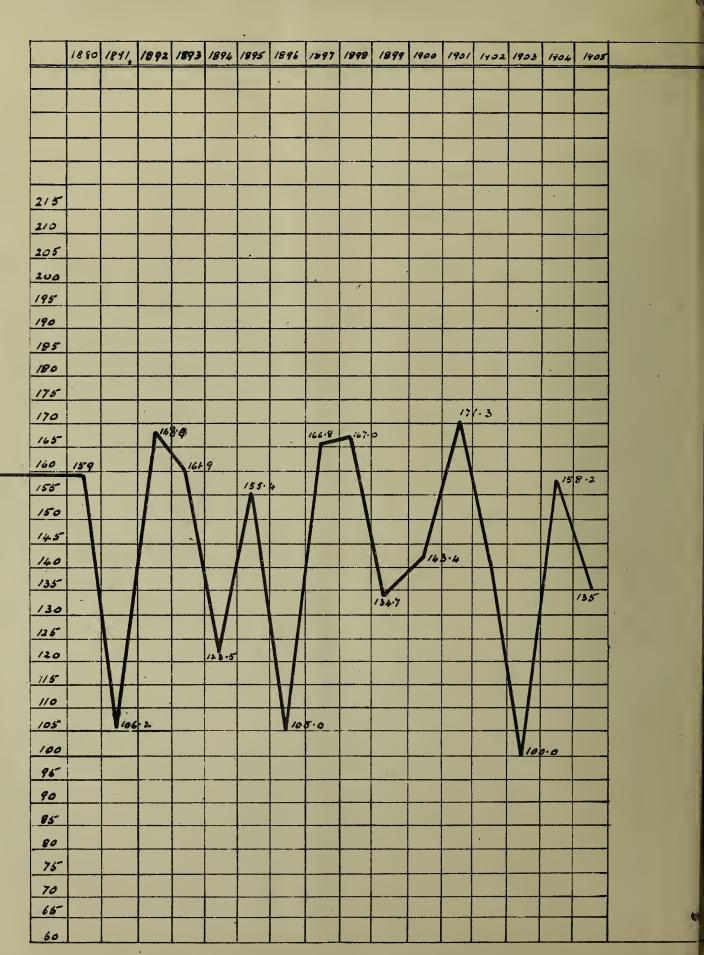
BIRTH AND DEATH RATES. 1881-1919.

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ISLAND OF GUERNSEY. INFANTILE DEATH RAT



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